Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 14 OMB NO.: 0938-HAWAII State: ___ Agency* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) 1902(a)(10) /X/ 8. A child for whom there is in effect a (A)(ii)(VIII) State adoption assistance agreement (other than under title IV-E of the of the Act Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement -a. Was eliqible for Medicaid under the State's approved Medicaid plan; or b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies. The State covers individuals under the age of --21 20 19 18

TN No. 91-21Supersedes Approval Date 10/13/92 Effective Date 10/01/91TN No. 86-16

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ligible C plan
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IN NO			HCFA ID: 7983	E

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ATTACHMENT 2.2-A HCFA-PM-91-4 (BPD) Revision: Page 15 AUGUST 1991 OMB NO.: 0938-IIAWAH State: ____ Groups Covered Agency* Citation(s) B. Optional Groups Other Than the Medically Needy (Continued) States using SSI criteria with agreements under 42 CFR 435.230 <u>/</u>/ 10. sections 1616 and 1634 of the Act. The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--Based on need and paid in cash on a regular basis. Equal to the difference between the b. individual's countable income and the income standard used to determine eligibility for the supplement. Available to all individuals in the State. c. Paid to one or more of the classifications d. of individuals listed below, who would be eligible for SSI except for the level of their income. All aged individuals. (1) All blind individuals. (2) All disabled individuals. (3) TN No. 91-21 Effective Date 10/01/91Supersedes

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TN No. 89-2

ATTACHMENT 2.2-A (BPD) Revision: HCFA-PM-91-4 Page 16 AUGUST 1991 OMB NO.: 0938-HAWAII State: Agency* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) Aged individuals in domiciliary (4) facilities or other group living arrangements as defined under SSI. Blind individuals in domiciliary 42 CFR 435.230 (5) facilities or other group living arrangements as defined under SSI. Disabled individuals in domiciliary (6) facilities or other group living arrangements as defined under SSI. Individuals receiving a Federally administered optional State supplement (7) that meets the conditions specified in 42 CFR 435.230. Individuals receiving a State (8) administered optional State supplement that meets the conditions specified in 42 CFR 435.230. Individuals in additional (9) classifications approved by the Secretary as follows:

Approval Date 10/13/92

TN No.

Supersedes
TN No. __89-2

Effective Date <u>10/01/91</u>

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	State:	HAWAII		OMB NO.: 0938-
Agency*	Citation(s)		Groups Cover	ed
		B. <u>Optional Group</u> (Continued)	os Other Than the	e Medically Needy
		The supplement subdivisions a	varies in incom according to cos	ne standard by political
	;	Yes.		
		No.		
		The standards payments are 1 2.6-A.	for optional Statistics for supplemental for the following sup	ate supplementary ment 6 of <u>ATTACHMENT</u>
TN No	91-21 s Appro	oval Date <u>][[/]3</u> /	192 E	fective Date10/01/91

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Revision:	HCFA-PM-91 AUGUST 1991	- 4	(BPD)	ATTACHMENT 2.2-A Page 17 OMB NO.: 0938-
-	State: _		HAWAII	OND NO 0930
Agency*	Citation(s)			Groups Covered
40			(Contin	·
42 CFR 435.121 <u>/X/</u> and 435.230 1902(a)(10)(A)		<u>/x</u> ./	wi	ction 1902(f) States and SSI criteria States thout agreements under section 1616 or 1634 the Act.
(ii)(ACt	(XI) of the		The following groups of individuals who a State supplementary payment under an optional State supplementary payment prothat meets the following conditions. The supplement is	
			a.	Based on need and paid in cash on a regular basis.
			b.	Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
			c.	Available to all individuals in each classification and available on a Statewide basis.
			d.	Paid to one or more of the classifications of individuals listed below:
			***************************************	(1) All aged individuals.
				(2) All blind individuals.
				(3) All disabled individuals.
TN No. Supersede TN No.	91-21 s App: 88-14	roval	Date _	10/13/92 Effective Date 10/01/91 HCFA ID: 7983E

ATTACHMENT 2.2-A Revision: HCFA-PM-91-4 (BPD) Page 18 OMB NO.: 0938-AUGUST 1991 State: HAWAII Groups Covered Agency* Citation(s) Optional Groups Other Than the Medically Needy (Continued) Aged individuals in domiciliary (4) _X_ facilities or other group living arrangements as defined under SSI. Blind individuals in domiciliary <u>X</u> (5) facilities or other group living arrangements as defined under SSI. Disabled individuals in domiciliary _X__ (6) facilities or other group living arrangements as defined under SSI. Individuals receiving federally administered optional State supplement (7) that meets the conditions specified in 42 CFR 435.230. Individuals receiving a State administered optional State supplement (8) that meets the conditions specified in 42 CFR 435.230.

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(9)

Individuals in additional

Secretary as follows:

classifications approved by the

N

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 18a OMB NO.: 0938-State: HAWAII Agency* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) The supplement varies in income standard by political subdivisions according to cost-of-living differences. Yes _X_ No The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

	Approval Da	ate	10/13/92	Effective Date	10/01/91
TN No.					

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 19 OMB No.: 0938-State: ___ HAWAII Agency* Citation(s) Groups Covered Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435,231 /_/ 12. Individuals who are in institutions for at 1902(a)(10) least 30 consecutive days and who are eligible under a special income level. (A)(ii)(V)Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in of the Act Supplement 1 to ATTACHMENT 2.6-A. *____* The State covers all individuals as described above. The State covers only the following group or groups of individuals: 1902(a)(10)(A) Aged (ii) and 1905(a) Blind of the Act Disabled Individuals under the age of --___ 21

- 20 - 19 - 18

Caretaker relatives Pregnant women

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IIAWAH State: ____

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(e)(3) of the Act <u>/</u>/ 13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

> Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10) (A)(ii)(IX)and 1902(1) of the Act

/X/ 14.

- The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in <u>Supplement 2 to ATTACHMENT 2.6-A</u>:
- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

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Effective Date 10/01/91